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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
OR

Attorney Docket Number	1102865-0034
First Named Inventor	Philip C. Gevas
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Combination Therapy for the Treatment of Tumors

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **May 14, 1999** as United States Application Number or PCT International

PCT/US99/10750
(if applicable).

Application Number **PCT/US99/10750** was amended on (MM/DD/YYYY) **June 5, 2000**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/085,687	05/15/1998	

[Page 1 of 2]

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DECLARATION—Utility or Design Patent Application

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State

ZIP

Country

Telephone 212-819-8200

Fax 212-354-8113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---	---

Given Name <u>Philip C.</u> (first and middle [if any])	Family Name <u>Gevas</u> or Surname
--	--

Inventor's Signature 	Date <u>2-16-01</u>
--	---------------------

Residence: City <u>Key Biscayne</u>	State <u>FL</u>	Country <u>US</u>	Citizenship <u>US</u>
-------------------------------------	-----------------	-------------------	-----------------------

Mailing Address <u>881 Ocean Drive #23D</u>	<u>FL</u>
---	-----------

Mailing Address

City <u>Key Biscayne</u>	State <u>Florida</u>	ZIP <u>33149</u>	Country <u>US</u>
--------------------------	----------------------	------------------	-------------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name <u>Stephen</u> (first and middle [if any])	Family Name <u>Grimes</u> or Surname
--	---

Inventor's Signature 	Date <u>24 January 2001</u>
--	-----------------------------

Residence: City <u>Davis</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>
------------------------------	-----------------	-------------------	-----------------------

Mailing Address <u>551 Rutgers Drive</u>	<u>CA</u>
--	-----------

Mailing Address

City <u>Davis</u>	State <u>California</u>	ZIP <u>95616</u>	Country <u>US</u>
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

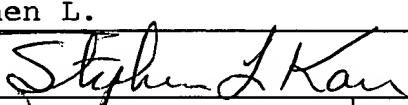
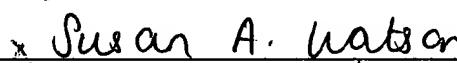
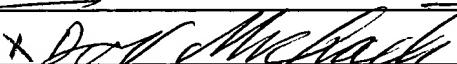
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen L.		Karr	
Inventor's Signature			Date <u>24 Jan 2001</u>
Residence: City <u>Davis</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address	2265 Halsey Circle <u>CA</u> ,		
Mailing Address			
City <u>Davis</u>	State <u>CA</u>	ZIP <u>95616</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Susan A.		<u>Watson</u>	
Inventor's Signature			Date <u>2nd Feb 2001</u>
Residence: City <u>Nottingham</u>	State	Country <u>GB</u>	Citizenship <u>GB</u>
Mailing Address	# 5 Seatolla Close <u>G BX</u>		
Mailing Address			
City <u>Nottingham</u>	State	ZIP <u>NG2 6RB</u>	Country <u>GB</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dov		<u>Michaeli</u>	
Inventor's Signature			Date <u>16 Feb 2001</u>
Residence: City <u>Larkspur</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>IIS</u>
Mailing Address	21 Marina Vista Avenue <u>CA</u> ,		
Mailing Address			
City <u>Larkspur</u>	State <u>CA</u>	ZIP <u>94939</u>	Country <u>US</u>

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/700,402
Filing Date	November 14, 2000
First Named Inventor	Philip C. Gevas
Group Art Unit	
Examiner Name	
Attorney Docket Number	1102865-0034

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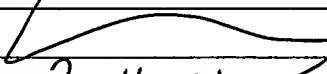
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Philip C. Gevas
Signature	
Date	2-16-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of five forms are submitted.

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PTO/SB/81 (10-00)

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dov Michaeli
Signature	
Date	16 Feb 2001

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Examiner Name	
Attorney Docket Number	1102865-0034

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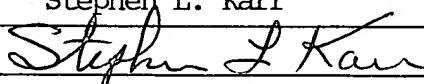
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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Stephen L. Karr
Signature	
Date	24 Jan 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of five forms are submitted.

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Attorney Docket Number	1102865-0034

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Telephone

212-819-8200

Fax

212-354-8113

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Susan A. Watson

Signature Susan A. Watson

Date 2nd Feb 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of five forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Stephen Grimes
Signature	<i>Stephen Grimes</i>
Date	24 January 2001

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*Total of five forms are submitted.